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PTO/SB/50 (03-00)
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	REISSUE PATENT APPLICATION	ON TRANSMITTAL	1. PT			
		_	S. 2.			
4 -1 -1		Attorney Docket No.	10970174-4 19			
Address to:	a de la confere Bataman	First Named Inventor	Abramovitch			
Assista Box Re	ant Commissioner for Patents	Original Patent Number	6,046,968 n =			
	ngton, DC 20231	Original Patent Issue Date (Month/Day/Year) 04/04/00				
		Express Mail Label No.	EL795260872US			
APPLICATION F	FOR REISSUE OF: X: Utility Patent cable box)	Design Patent	Plant Patent			
APPLICATI	ON ELEMENTS (37 CFR 1.173)	ACCOMPANYING APP	LICATION PARTS			
1. X (Submit an orig	mittal Form (PTO/ SB/ 56) inal, and a duplicate for fee processing) . laims small entity status. See 37 CFR 1.27.	7. X Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. X Original U.S. Patent for surrender X Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. X Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Light Translation of Reissue Oath/Declaration (if applicable)				
	n and Claims in double column copy of patent ended, if appropriate)					
4. X Drawing(s)	(proposed amendments, if appropriate)					
	ath/Declaration (original or copy) § 1.175) (PTO/SB/51 or 52)					
1	ent currently assigned?					
X Yes	No .	12. X Preliminary Amendment for Reissue				
(If Yes, check ap	plicable box(es))	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
X Written Co	onsent of all Assignees (PTO/SB/53)	14. Other:				
X 37 C.F.R.	§ 3.73(b) Statement X Power of Attorney					
(PTO/SB/	- /ttorney					
<u> </u>	15. CORRESPONDENCE AL					
Customer Number or Bar Code Label (1) 22879 or Correspondence address below (Insert Customer No. or Attach bar code label here)						
A/a	Patrick Murphy					
Name Hewlett-Packard Company, Intellectual Property Administration						
Address	P.O. Box 272400	1	00527 2400			
City	Fort Collins State	CO Zip Code	80527-2400			
Country	USA Telephone	970.898.6968 Fax 9	70.898.7247			
NAME (Print	Type) Scott A. Horstemeyer	Registration No. (Attorney/Agent)	34,183			
Signature	Stoll Corstones	Date	11/16/01			

will vary depending upon the needs of the individual case. Any comments on Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC

(Reissue Patent Application Transmittal (PTO/SB/50) [17-1.1]—page 1 of 1)

PTO/SB/56 (02-01)
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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 10970174-4						
				Cla	ims as	Filed - Part					
Claims Patent				er Filed in (3) Small Er Application Number Extra Rate		ntity Fee		Other than a			
		Total Claims		Application	Num	ber Extra		ree		Rate	Fee
(A) 37	· }	(37 CFR 1.16(j))	(B)	37		0 =	× \$=		or	×\$ <u>18</u> =	0
(C) 6	6 '	ndependent claims (37 CFR 1.16(i))	(D)	6	•	0 =	x \$=			x \$ <u>84</u> =	0
Basic Fee (37 CFR 1.16(h)) \$ \$7.40 .						\$740.00					
•					To	otal Filing F	ee	\$		OR	\$740.00
				Claims	s as An	nended - P	art 2				
		(1)		(2)		(3)	Small 6	Entity		Other than	a Small Entity
		Claims Remaining After Amendment		Highest Nur Previous Paid Fo	ly	Extra Claims Present	Rate	Fee		Rate	Fee
Total CI (37 CFR	1.16(j)	 99	MINUS	" 37		= 62	x \$=			x \$ 18 =	1116.00
Indepen Claims (37 CF		17	MINUS	6		= 11	x \$=			x\$ <u>84</u> =	924.00
	-					Total A	dditional Fee	\$		OR	\$2,040.00
* If the en	ntry in (D)	is less than the enti	y in (C),	Write "0" in co	lumn 3).					
** If the "h	Highest N	lumber of Total Clair	ns Previo	ously Paid For	is les	s than 20, \	Write "20" in th	nis space			
*** After a	any cance	ellation of claims.									
**** If "A"	is greate	r than 20, use (B - A	.); if "A" is	20 or less, us	se (B - :	20).					
***** "Higl	hest Nun	nber of Independent	Claims F	Previously Paid	d For" o	or Number	of Independer	nt Claims	in Pat	ent (C).	
Applicant claims small entity status. See 37 CFR 1.27.											
Please charge Deposit Account No. 08–2025 in the amount of \$2780.00											
A duplicate copy of this sheet is enclosed.											
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-2025 A duplicate copy of this sheet is enclosed.											
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Payr	ment by c	redit card. Form PT	O-2038 is	s attached.							
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Scott A. Horstemeyer, Reg. 34,183 Typed or printed name											

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Practitioner's Docket No. <u>1097</u> (0174-4 PATENT
	DRAWINGS FROM ORIGINAL PATENT SUE APPLICATION
	inal patent, 6,046,968 , filed on entitled Re-Writable Optical Disk Having ermanently Formed on the Disk
to the reissue application, the specifica is attached hereto. was filed on ber /	ation of which:, as reissue application num-
	Signature of practitioner
()ate: (((())	Scott A. Horstemeyer (type or print name of practitioner)
Reg. No.: 34,183	Hewlett-Packard Company P.O. Box 272400 P.O. Address
Tel. No. 770-933-9500	Fort Collins, CO 80527
Custdmer No.: 022879	